

CLAIMS ONLY

Application Number

101620002

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3						
4						
5						
6						
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49						
50						
Total Indep	1					
Total Depend	24					
Total Claims	25					

*	Indep	Depend	*	Indep	Depend	*	Indep	Depend
51								
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100								
Total Indep								
Total Depend								
Total Claims								

24
25